Challenge TB - India

Year 1

Quarterly Monitoring Report

April – June 2015

Submission date: July 30, 2015

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Cover photo: Mr. JP Nadda, Honorable Union Minister of Health and Family Welfare, Government of India launches Call to Action for TB Free India on 23rd April 2015 in New Delhi. The launch took place in the presence of National leaders/Global experts in tuberculosis. From Left to Right : Dr KS Sachdeva, ADDG, Central TB Division-Ministry of Health & Family Welfare (MoHFW), Shri Anshu Prakash, Joint Secretary, MoHFW; Dr. Lucica Ditiu, Executive Secretary, STOP TB Partnership ; Dr. Nata Manabde, WHO representative to India; Dr Mario Raviglione, Director Global TB Program, WHO-Geneva; ; Shri Bhanu Pratap Sharma, Secretary, MoHFW; Shri JP Nadda, Health & Family Welfare Minister; Jagdish Prasad, DGHS, MoHFW; Mr. Michael Pelletier, Charge d' affaires, U.S. Embassy; Dr. Ariel Pablos-Méndez, Assistant Administrator for Global Health, USAID; Mr. José Luis Castro, Executive Director, The Union. Photo: The Union South-East Asia Office

Country	India
Lead Partner	The Union
Other partners	KNCV
Work plan timeframe	January 2015 – September 2015
Reporting period	April – June 2015

Most significant achievements:

1. Launch of the *Call to Action for TB-Free India*

The Ministry of Health, Government of India in partnership with the USAID, The Union and WHO, launched the *Call to Action for TB Free India*- an initiative of the Challenge TB project - on 23rd of April 2015 at New Delhi. Mr J.P Nadda, Honourable Union Minister of Health and Family Welfare, Government of India graced the function as the chief guest in the presence of other dignitaries including Government officials, US embassy officials, academicians, members of industries and corporate sector, civil society, media and journalism global and national leaders/experts in tuberculosis. Around 250 people attended the launch. The logo for the *Call to Action for TB Free India* was unveiled and guests expressed their support by signing on the **'**Wall of Commitment'**.** Besides the Minister and other senior officials from the Ministry of Health, other signatories included senior officials from the US embassy, WHO, The Global Fund, Bills & Melinda Gates Foundation, US-CDC, Stop TB Partnership, The Union, TB Association of India, World Bank, National Forum on TB, business associations, NGOs, patient advocates, and eminent journalist among others. This high-profile event demonstrates the commitment of the government at the outset, thereby creating an enabling environment to garner and leverage support from other existing and potential new partners.

2. Engagement with corporate sector for the Call to Action

Corporate engagement is one of the key priorities of the Call to Action. The Union worked with the MoHFW to jointly define and agree on the corporate engagement strategy. The team also met with several corporate houses and organizations to better understand their perspective and possible areas for collaboration. Informed by these discussions, the key objectives for this part of the campaign are to sensitize and increase corporate sector engagement in TB prevention and care though different models of engagement, and to engage Trade Unions & business associations for advocacy and creating an enabling environment for TB patients. Based on the corporate engagement strategy, the model for its operationalization is being developed and may include corporations providing TB services for their staff and the communities they operate in, improved workplace policies, and/or donating Corporate Social Responsibility (CSR) funds and expert services. In terms of targeting, a list of industries is being developed prioritizing industries with employees at risk for TB (e.g., mining), those related to the health care industry, foundations supporting heath initiatives, organizations that can amplify and increase visibility for TB (e.g., media), and those with high ranking in terms of donating their CSR funds.

Meetings have been held with the Federation of Indian Chambers of Commerce and Industries (FICCI), Associated Chambers of Commerce (ASSOCHAM), Society of Indian Automobile Manufacturers (SIAM), International Labour Organization (ILO), Jindal Steel, Maruti, Volvo, and Transport Corporation of India. The team also initiated discussions with Samhita (an organization that connects corporate houses with NGOs and creates CSR opportunities) to explore areas of collaboration.

3. ***FIND study:*** Accelerate access to quality TB diagnosis for paediatric cases in four major cities in India.

The pilot project was successful in delivering upfront Xpert MTB/RIF tests to presumptive paediatric TB cases by reaching out to more than 10,000 patients within one year of its implementation. Efforts are being made to document this initial success of the pilot project for the benefit of larger audience. Major achievements in this quarter are:

- Total presumptive paediatric TB and DR TB cases tested during reporting period – 4,153
- Total paediatric TB cases diagnosed on Xpert: 399 (9.6%) – 358 (89.7%) Rif sensitive and 41 (10.3%) Rif resistant TB. Of the 399 cases diagnosed on Xpert, 110 (27.6%) were positive on smear microscopy
- Major shift in the specimen tested was seen in this reporting quarter, with a higher number of non-sputum specimens getting tested on Xpert as compared to previous quarter.
- Of the 358 Rif sensitive TB patients, treatment information for 220 (61.5%) was available, while treatment information for 35.5% of the cases is being tracked at the time of report compilation (majority of these were diagnosed in June 2015). Of the 41 rifampicin resistant TB patients, 30 (70%) were initiated on second line anti TB treatment during the reporting period. Of the remaining 11 Rif resistant cases, treatment information is being tracked.

	Rifampicin sensitive TB cases	**%**	**Rifampicin resistant TB cases**	**%**	**Total**	**%**
Patients Diagnosed with TB	**358**		**41**		**399**	
Patients initiated on treatment	220	61.5%	30	73.2%	249	62.4%
Died	3	0.8%	0	0.0%	3	0.8%
Initial Default	8	2.2%	0	0.0%	8	2.0%
Treatment initiation information being tracked	127	35.5%	11	26.8%	138	34.6%

Technical/administrative challenges and actions to overcome them:

Call to Action for a TB Free India:

- Proposal for formation of the Steering Committee of the Call to Action is awaiting clearance at the level of the Joint Secretary (JS) who is travelling abroad. The team has met several times with the Central TB Division to facilitate and expedite this process. This is expected to happen when the JS returns from his travel in July.
- The Project Director position was vacant after departure of the earlier Project Director on 28 March 2015. Ms Kavita Ayyagari was identified as the new PD. She initially joined as a consultant for 11 days in May to facilitate the detailed work plan development, and came on board full-time from 23 June 2015.

FIND's study:

- We now see a higher number of pediatric TB cases being bacteriologically confirmed and a significant number of Pediatric DR-TB cases are being diagnosed in the project areas. For significantly increasing the pediatric TB case notification, we would need to reach out to other providers who are currently not engaged under RNTCP. This is primarily due to the fact that no major activity is being undertaken with regards to increasing the project visibility among various providers, due to non-availability of funds. In spite of this, we are observing gradual increasing trends in suspects being tested every quarter, with each and every diagnosed case being notified under RNTCP at the lab. There is a major scope to expand the project reach by ensuring city wide coverage, by engaging with a large number of providers which have been mapped by the project team. The obligation confirmation for FIND was not received by the PMU until May 2015 and therefore the Union was unable to issue a subcontract to FIND in a timely manner, delaying implementation of activities
- To reach out to maximum number of service providers, thereby attempting to make an impact of the overall paediatric case notifications, we look forward to have multi-pronged outreach efforts to increase project visibility, towards which we have developed various IEC materials, conduct mapping and linkages with the potential providers.

3. Year 1 activity progress

Sub-objective 1. Enabling environment							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Conduct an assessment of the existing TB services among the Tibetan communities to inform establishment of systems that ensure early diagnosis and treatment	1.1.1		Assessment report available		The team conducted scoping visits to a Tibetan settlement in New Delhi and at Dharamshala from 20-22 May 2015 to understand the overall administration of the settlements in India with particular focus on the organization and services available through Tibetan Department of Health (TDoH). Information gathered from these informed the protocol development process. Checklists, topic guides for interviews, and desk review formats developed. Visit schedule, teams, protocol and tools discussed and agreed upon with Central TB Division, Tibet Fund and TDoH after several meetings. Protocol submitted for ethical approval.	Partially met	Field work planned during July-Sept, report expected in October. There was delay in getting consensus from all stakeholders, and the assessment is now going to be much wider in scope than originally envisaged.

Sub-objective 2. Comprehensive, high quality diagnostics							
Planned Key Activities for the Current Year		**Planned Milestones**			**Milestone status**	**Milestone met? (Met, partially, not met)**	**Remarks (reason for not meeting milestone or other key information)**
	Activity #	**Oct 2014-Mar 2015**	**Apr-Jun 2015**	**Jul-Sep 2015**	**April – June 2015**		
Strengthen established access to improved diagnosis for children (FIND)	2.4.1	1. Site-wise work plan of operations ready, trained HR in place 2. >85% specimen received processed within 2 days; 3. >90% reporting within 1 day	>90% specimen received processed within 2 days; >92% reporting within 1 day	>90% specimen received processed within 2 days; >92% reporting within 1 day	• Trained staff in place. Some key positions have been filled and some are vacant due to non-receipt of funds. Training of newly recruited staff is planned; this is imperative in view of the anticipated increase in work load. • Specimen transportation mechanisms are in place and 94.6% (3927/4153) patients were tested within two days of sample receipt. • 98.1 %(4074/4153) of results were communicated to provider within one day of testing.	Met	
Treatment initiation & Contact investigation (FIND)	2.4.2	Development of SOP and training of all project staff >50% screening of identified chest symptomatics among households of patients diagnosed under project; >85% diagnosed TB patients residing	>80% screening of identified chest symptomatic among households of patients diagnosed under project; >87% diagnosed TB patients residing	All field outreach workers conduct CI	• Of the 358 Rif sensitive TB patients identified by the project, 220(61.5%) patients were confirmed to be initiated on treatment. Most of the remaining patients, for whom treatment information is being tracked, are cases diagnosed in the month of June (Table 1). • Of the 41 rifampicin resistant (RR) TB patients, 30 (70%) were initiated on second line anti TB treatment during the reporting period. Treatment information is being tracked for the remaining 11 RR cases (Table 1). • Intensified contact tracing was	Partially met	Contact tracing, among known TB cases is done through RNTCP field workers who are engaged in implementation, supervision and monitoring. During our regular interactions with the field workers, this point is regularly

		within project area initiated on treatment	within project area initiated on treatment		carried out across all the four sites, resulting in proportionately more number of cases being tested. However, objective data on same cannot be captured.		reviewed. However, this information, "how many adult were screened for childhood contacts", is not recorded anywhere, as there are thousands of cases diagnosed every quarter. Hence we submit that objective data on this cannot be captured
Public Private Mix and Advocacy (FIND)	2.4.3	Development of SOP and plan of action including identification of specimen (other than sputum) collection centre Project site staff trained, Implementation of the strategy	Review of specimen transport mechanism - linking of referring health facility to functional specimen collection centre		No major PPM activity was undertaken during the reporting period due to non-receipt of funds. –	Partially met	Activities could not be intensified due to scarcity of funds. However, planning for this has been undertaken so as to expedite efforts on receipt of funds.
Specimen collection, transportation and testing for suspected	2.4.4	Development of SOP and plan of action including	Review of mechanism and linking		A large number of linked facilities are collecting non-sputum specimens. A total of 4661 specimens were collected	Met	

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<td>Extra-pulmonary TB patients (FIND)</td>
<td></td>
<td>identification of specimen (other than sputum) collection centre

Project site staff trained, implem-entation of the strategy</td>
<td>of referring health facility to functional specimen collection centre</td>
<td></td>
<td>from 4153 suspects. Of these 1611 (34.7%) were sputum/induced sputum specimen and rest were non-sputum specimen.
<table>
<tr><td>Total</td><td>4661</td><td>100.0%</td></tr>
<tr><td>Gastric Aspirate/ Gastric Lavage</td><td>2184</td><td>46.9%</td></tr>
<tr><td>Sputum</td><td>1497</td><td>32.1%</td></tr>
<tr><td>CSF</td><td>351</td><td>7.5%</td></tr>
<tr><td>Pleural Fluid</td><td>167</td><td>3.6%</td></tr>
<tr><td>BAL</td><td>117</td><td>2.5%</td></tr>
<tr><td>Induced Sputum</td><td>114</td><td>2.4%</td></tr>
<tr><td>Pus</td><td>67</td><td>1.4%</td></tr>
<tr><td>Lymph Node</td><td>46</td><td>1.0%</td></tr>
<tr><td>Ascetic Fluid</td><td>27</td><td>0.6%</td></tr>
<tr><td>Others</td><td>91</td><td>2.0%</td></tr>
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<table>
<tr><th colspan="7">Sub-objective 7. Political commitment and leadership</th></tr>
<tr><th rowspan="2">Planned Key Activities for the Current Year</th><th></th><th colspan="3">Planned Milestones</th><th>Milestone status</th><th rowspan="2">Milestone met? (Met, partially, not met)</th><th rowspan="2">Remarks (reason for not meeting milestone or other key information)</th></tr>
<tr><th>Activity #</th><th>Oct 2014-Mar 2015</th><th>Apr-Jun 2015</th><th>Jul-Sep 2015</th><th>April – June 2015</th></tr>
<tr><td>Establish a campaign Secretariat and hire professional agencies.</td><td>7.2.1</td><td>All staff recruited, media agency hired</td><td></td><td></td><td>All key staff, including the new Project Director, are on board. The remaining positions- support staff and one consultant - have been identified and are expected to join in July, after serving their notice period to current employers.

Request for Proposals (RFPs) for</td><td>Partially met</td><td>It was difficult to find suitable candidates for support staff positions. Also most candidates needed to provide 30-45 days of notice to their current employer before their release.</td></tr>
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					hiring public relations agency, digital agency, and creative agency is being finalized for release in July.		
Formation of Project Steering Committee	7.2.2	PSC formed and meets regularly (at least monthly)			As highlighted on page 3, the project was successfully launched on 23rd April 2015, attracting wide media coverage and high level dignitaries from India and abroad**.** Proposal for Steering Committee including proposed members and terms of reference was submitted to Central TB Division on 8 May 2015. It is awaiting clearance by senior officials at the Ministry of Health & Family Welfare (MoHFW).	Partially met	Since the Steering Committee is to be officially formed and chaired by the MOHFW, it requires approval at several levels. Some of the approving authorities were travelling which caused some delay. This is now expected to be formed in July 2015.
Development of a comprehensive database of stakeholders and constituencies	7.2.3	Searchable Excel/Access database created			Database was developed in March 2015. The team continues to update it based on discussions with partners and other stakeholders.	Met	The data base will continue to be updated as the project evolves and priorities are set by the steering committee.
Pre-event stakeholder engagements	7.2.4	Shortlisted influencers approached 5 events completed - corporate & media event, consultations	Reports from these ready for launch in the C2A summit		Project reached out to patient advocates, corporates, civil society, private health sector and associations. Initiatives related to the corporate sector engagement have been highlighted on page 4 and the rest are summarized below:	Partially met	There is now a better understanding of the stakeholder groups we plan to engage, organizations and individuals who could assist with the Call to Action, and some

		with the other three groups			Civil Society: The team met representatives from Civil Society Organizations (CSO) working in TB and HIV AIDs in India; Mr Hari Singh, Delhi Network of Positives; Ms. Blessina Kumar, Chair Global Coalition of TB Activists; Dr. Nalini Krishna, former board member of Partnership for TB Care and Control in India and Director REACH; and Mr. Chapal Mehra. We plan to build on their initiatives to identify, train and engage TB champions/ advocates across all sectors; develop an electronic TB forum (like a googles group for patients, advocates, and CSOs), and mobilise parliamentarians Professional associations: Initial discussions have been held with representatives from the Indian Medical Association (IMA), Federation of Obstetrics & Gynaecology Societies of India (FOGSI) and India Orthopaedics Association (IOA), Kota Obstetrics and Gynaecology Society, East Delhi Gynae Forum, Delhi Orthopaedics Society and South Delhi Orthopaedics Society, Directorate of Homoeopathy for convergence of NTP with AYUSH (Ayurveda, Yoga, Unani, Sidda and Homeopathy) and The Sitaram Bhartia Hospital in New Delhi. These associations were		additional information needs have been identified. Engagement strategy for the corporate and civil society is being developed. The C2A summit, initially planned for August 2015 is now scheduled for March 2016. Events with corporate, civil society and private sector associations are now scheduled in the next two quarters. The reports as listed as milestones will be prepared following these events.. In addition, individual and organizational consultancies with GCTA, REACH, Samhita, Mr Mehra are being discussed.

					prioritized as they have had limited engagement in the RNTCP (except for IMA), yet TB is likely to be an issue in their professional practices.		
Campaign – conceptualization and strategy development, and implementation	7.2.5	Campaign strategy developed with assistance from media and PR agency. TA visits from KNCV and Union HQ Begin media campaign	Media campaign ongoing		D'Árcy Richardson (KNCV) visited in April to define project strategy and provided clarity on project outcomes and spending timelines. Helen Platt and Paul Jensen (The Union) also travelled to India to join initial discussion on the campaign and the workplan. In order to develop a sustained campaign leading up to the summit, the team worked on Request for Proposals (RFP) for recruiting three agencies: • Creative agency for creative strategy and materials for the Call to Action summit • Digital and social media agency for online campaign roll out • Public Relations agency for engagement of media and increased reporting on TB In addition, the team is exploring media partnership with a leading media house to engage them actively in the campaign and initiated meetings with media partners for a possible joint collaborative effort across TV, print.	Partially met	The RFPs will be reviewed by both The Union Communications team and KNCV and released in July. The media agencies will be hired and campaign creation work will begin the next quarter.

Communication materials and dissemination	7.2.6		Dashboards and scorecards ready for disseminati on		Materials have not yet been developed. Materials will be developed during next quarter and will be disseminated accordingly.	Not met	Planned for next quarter once the agencies are on board and the campaign strategy is finalised
Event planning and content development for the C2A event in a variety of media	7.2.7	Event management agency on board; date, venue, chief guests confirmed Send out first announceme nt for the C2A Summit	Content for the event ready by 10 August (Content TBD)		Call to Action (C2A) summit is now planned in March 2016, around the World TB day and hence this activity is planned for the latter half of 2015. We are planning to invite the Prime Minister of India as the chief guest for the C2A summit, and have requested the MoHFW to approach the PM and help finalize the date and venue. They are likely to do so once the media campaign around the C2A begins.	Not met	This will be undertaken once stakeholder meetings are conducted and the Steering Committee is formed.
Collaboration with other USAID partners	7.2.8	Define areas for collaboration	Provide TA as needed		USAID is likely to award the new TB projects in October 2015 after which this activity will commence. Other relevant existing USAID partners will be invited for the Civil Society events planned in the next quarter. The Union also met USAID partners at the Health Partners Meeting Forum organized by USAID at New Delhi on May 2015.	Not Applicable	Not yet due to implementation. The Union met with all partners of USAID at the health Partners Meeting Forum in May 2015.
Call to Action Summit (August 2015)	7.2.9		C2A successfully conducted as planned		C2A summit will happen in year 2 of the project as agreed with USAID	Not Applicable	Not yet due to implementation

3. Challenge TB's support to Global Fund implementation in Year 1

Current Global Fund TB Grants

Name of grant & principal recipient *(i.e., Tuberculosis NFM - MoH)*	**Average Rating***	**Current Rating**	**Total Approved Amount**	**Total Disbursed to Date**	**Total expensed** *(if available)*
Providing universal access to DR-TB control and strengthening civil society involvement- **World Vision India**	B1	B1	$7.0 million	$5.7 million	
Providing universal access to DR-TB control and strengthening civil society involvement- **The Union (IUATLD)**	A2	A2	$39.9 million	$25.5 million	
Consolidating and scaling up the Revised national tuberculosis control program – **Central TB Division, MoH**	B1	B1	$261.4 million	$229.7 million	

** Since January 2010*

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

Baseline data, accessed from the Global Fund website in Dec 2014, is in the table above. As agreed upon with KNCV, this will be updated annually.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

N/A

4. Success Stories – Planning and Development

Planned success story title:	Partnering for a TB-Free India
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.2. In-country political commitment strengthened
Brief description of story idea:	LAUNCH EVENT of CALL TO ACTION for TB FREE INDIA

Status update:

The *Call to Action for TB Free India* was launched on 23rd of April 2015 at The Lalit Hotel, New Delhi. The event was organized by The Union under the aegis of Ministry of Health, Government of India in partnership with USAID and WHO. Chaired by Mr J.P Nadda, Honourable Union Minister of Health and Family Welfare, Government of India , the launch was attended by national and global leaders and experts in TB: Dr. Ariel Pablos-Méndez, Assistant Administrator for Global Health, USAID; Mr. Michael Pelletier, Chargé d'Affaires, U.S. Embassy; Shri C.K. Mishra, AS & MD, MoHFW; Dr. Jagdish Prasad, DGHS, MoHFW; Shri Bhanu Pratap Sharma, Secretary Health, MoHFW; Dr. Mario Raviglione, Director Global TB Program, WHO; Mr. José Luis Castro, Executive Director, The Union; Dr. Lucica Ditiu, Executive Secretary, Stop TB Partnership; Dr. Nata Manabde, WHO representative to India.

The logo for the *Call to Action for TB Free India* was unveiled by Shri J. P. Nadda and all dignitaries. Guests expressed their support by signing on the 'Wall of Commitment'**.** Besides the Minister and other senior officials from the Ministry of Health, other signatories included senior officials from the US Embassy, WHO, The Global Fund, Bill & Melinda Gates Foundation, US-CDC, Stop TB Partnership, The Union, TB Association of India, World Bank, National Forum on TB, business associations, NGOs, patient advocates, and eminent journalists among others.

The launch of the Call to Action was attended by more than 250 guests and widely covered by 80+ media houses viz. Times of India, Hindustan, The Pioneer, The Telegraph, The Asian Age, Jansatta, Dainik Jagran, DD News and News Nation and online/social media.

The high-profile launch provided an opportunity to highlight the project and its objectives. Specifically on the need to increase visibility for TB as an issue, and one that needs to be addressed by mobilizing a wide variety of stakeholders.

We hope to build on the ownership demonstrated by the Ministry of Health & Family Welfare and the enthusiasm of participants to reach out to other ministries of the government, corporations, media, and civil society to garner their support to demand and contribute to high-level domestic commitment to end TB in India.

5. MDR-TB cases detected and initiating second line treatment in country

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	2,967	2,178	As agreed upon with KNCV, this will be reported annually
Total 2011	4,221	3,384	
Total 2012	17,253	14,059	
Total 2013	23 ,289	20,763	
Total 2014	25,652	24,073	
Jan-Mar 2015	,		
Apr-Jun 2015	,		
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

Data Source: RNTCP annual reports 2011 to 2015

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Activity Code	Name	Purpose	Planned month, year	Status (cancelled, pending, completed)	Dates completed	Duration of the visit (# of days)	Debrief presen-tation received	Summary report received	Final report received	Additional Remarks (Optional)
1			D'Arcy Richardson	To assist with Year 1 workplan development	Q1, Y1	Complete	17-22 Nov 2014	7	Yes	No	No	Trip prior to policy requiring summary reports for work planning visits. No final report required – Y1 work plan was deliverable.
2			Paul Jensen	To advise on and contribute to strategic planning for Challenge TB Project activities for the coming year, and to brief the Challenge TB team on how the Union communications team can support project implementation.	Q2, Y1	Complete	22-26 March 2015	5	No	Yes	No	No final report required.
3			Helen Platt		Q2, Y1	Complete	22-25 March 2015	4	Choose an item.	Choose an item.	Choose an item.	Trip #2 and #3 are combined trip.
4			D'Arcy Richardson	1. Orient the new Union team to Challenge TB and ensure they are familiar with reporting processes and requirements. 2. Trouble-shoot lack of clarity on project outcomes, spending timelines, Mission engagement in the project, and MOH expectations. 3. Provide technical	Q2, Y1	Complete	5-11 April 2015	7	Yes	Yes	No	Only summary report required.

				assistance to further define the project strategy and set clear milestones for project activities.								
Total number of visits conducted (cumulative for fiscal year)							4					
Total number of visits planned in approved workplan							12					
Percent of planned international consultant visits conducted							33%					